

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? (x) Yes () No
Requestor's Name and Address Active Behavioral Health, LLC 6300 Samuell Blvd., Suite 112 Dallas, Texas 75228	MDR Tracking No.: M4-04-2472-01
	TWCC No.: _____
	Injured Employee's Name: _____
Respondent's Name and Address Insurance Company of the State of PA Box 19	Date of Injury: _____
	Employer's Name: _____
	Insurance Carrier's No.: 001031000593 WC 01

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
04/04/03	04/04/03	90844	\$120.00	\$120.00
04/04/03	04/04/03	90889	\$30.00	\$30.00
04/11/03	04/04/03	90844	\$120.00	\$120.00
04/11/03	04/11/03	90889	\$30.00	\$30.00

PART III: REQUESTOR'S POSITION SUMMARY

Requestor states in their position statement carriers "response shall not address new or additional denial reasons or defenses after filing of an initial request."

PART IV: RESPONDENT'S POSITION SUMMARY

Carrier responses were untimely.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Requestor submitted a signed green card on 09/15/03 indicating that the carrier had received the request for reconsideration per rule133.307(g)(3)(A). Therefore, this dispute will be reviewed per MFG guidelines. Requestor submitted documentation that supports the delivery of services in accordance with the MFG MGR II (F).

Therefore, based on this evidence reimbursement is recommended.

PART VI: DETAIL FINDINGS (If needed)

7/2/2003	90900	\$120.00	\$120.00				
7/9/2003	90844	\$120.00	\$120.00				
7/16/2003	90844	\$120.00	\$120.00				
7/16/2003	90889	\$30.00	\$30.00				
				Total Left Column:			\$540.00
				Total Amount Due:			\$840.00

PART VII: COMMISSION DECISION AND ORDER

Ordered by:

12/20/04

Date of Order

PART VIII: YOUR RIGHT TO REQUEST A HEARING

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

Signature of Insurance Carrier: _____ Date: _____